



Training Peer Educators and Advocates for Health: The REACH Promotora Community Coalition

Public Health Problem

Compared with rates among whites, rates of diagnosed diabetes are 2.5 times higher among American Indians and Alaska Natives, 2.0 times higher among African Americans, and 1.8 times higher among Hispanics. The Texas Department of Health estimates that more than 1.3 million Texans aged 18 years or older have diabetes. About 911,000 of these, 6% of the state's population, have been diagnosed; the remainder are not aware they have the disease.

Evidence That Prevention Works

In the United States, diabetes is the leading cause of new cases of blindness, lower-extremity amputations, and kidney failure. These serious outcomes can be prevented or substantially delayed through regular screening, appropriate care that includes long-term follow-up, and behavior modification.

Program Example

Supported by CDC, the REACH Promotora Community Coalition, led by Migrant Health Promotion, has developed a program to address diabetes along the border of Texas and Mexico. The coalition targets communities in Hidalgo and Cameron counties, which are more than 80% Mexican American and have some of the lowest socioeconomic indicators, with more than 35% of their residents living below the poverty line. Developing the full potential of the community health workers (*promotoras*) is key to this program. The *promotoras* not only serve the community as health educators and advocates, but also are trained to become community leaders as they gain experience as community organizers, program planners, and program evaluators. The target population lives in *colonias*, which are communities with little infrastructure. Therefore, it is vital to use existing institutions such as public schools, community health clinics, and community-based organizations to reach this population. Also, because many adults lack access to transportation or telephones, much of the work is conducted through home visits and neighborhood meetings. As a result of the Migrant Health Promotion project, school health teams have been created to assess existing nutritional choices and opportunities for physical activity in schools and suggest measures to improve these choices and opportunities at school and at home.

Implications

By using community-based health advisors to promote behavior change along with an evaluation component to document and assess their contributions, the Migrant Health Promotion project lends credibility to diabetes prevention interventions. This community-based approach can extend lifesaving prevention programs and health services across cultural divides to communities that would not likely be reached by traditional means.